

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/728420

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	94 minus 20 =	74
INDEPENDENT CLAIMS	9 minus 3 =	6
MULTIPLE DEPENDENT CLAIM PRESENT <input checked="" type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	51	Minus	94 =
	Independent	18	Minus	9 = 9
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

05.20.05 → 04.01.05  
918

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	51	Minus	94 =
	Independent	19	Minus	18 = 1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total		Minus	=
	Independent		Minus	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X\$ 9=		OR	X\$18=	1332
X40=		OR	X80=	480
+135=		OR	+270=	270
TOTAL		OR	TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	774.5
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	774.5

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	200.
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	200

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

Pd.

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PATENT APPLICATIONIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Yoshinaga et al.

Serial No.: 09/728,420

Group Art Unit No.: 1644

Filed: November 28, 2000

Examiner: Ouspenski, Ilia I.

For: Polypeptides Involved in Immune Response

Docket No.: A-579C

RESPONSE TO OFFICE ACTION

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

A response to the Office Action dated October 1, 2004, is filed herewith, in which Claims 56-76, 79, 81, 82, 84 and 85 are rejected, Claim 83 is objected to, and Claims 77, 78, 80 and 83 are allowed. Reconsideration and withdrawal of the rejections are requested.

Amendment to the Claims begins on page 2 of this paper.

Remarks/Conclusion begin on page 8 of this paper.

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06/03/2005 GDUCKETT 00000001 010519 09728420

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EXPRESS MAIL CERTIFICATE

"Express Mail" mail labeling number:

EV 351337064 USDate of Deposit: April 1, 2005

I hereby certify that this paper, as it is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10, on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Joyce Vogel  
Printed Name[Signature]  
Signature

## PATENT APPLICATION

FEE AUTHORIZATION / AMENDMENT TRANSMITTAL				Attorney's Docket No: A-579C		
Serial No.	09/728,420	Filing Date	November 28, 2000	Examiner	Ouspenski, Ilya I.	
In Re Application of: Yoshinaga et al.			Group Art Unit 1644			
For: Polypeptides Involved in Immune Response						
TO THE COMMISSIONER FOR PATENTS:						
<input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a): <ul style="list-style-type: none"> <li><input type="checkbox"/> One month of original due date (\$120.00)</li> <li><input type="checkbox"/> Two months of original due date (\$450.00)</li> <li><input checked="" type="checkbox"/> Three months of original due date (\$1,020.00)</li> <li><input type="checkbox"/> Four months of original due date (\$1,590.00)</li> <li><input type="checkbox"/> Five months of original due date (\$2,160.00)</li> </ul>						
<input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested: <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Is filed herewith.</li> <li><input type="checkbox"/> has been filed.</li> <li><input type="checkbox"/> The response is the filing of a continuing application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application.</li> </ul>						
<input checked="" type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:						
CLAIMS AS AMENDED						
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims		Minus	=	0	x \$50	= \$ 0.00
Indep. Claims		Minus	=	0	x \$200	= \$ 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+ \$360	= \$ 0.00
Total Additional Fee for this Amendment						\$ 0.00
If the entry in column 2 is less than the entry in column 4, write "0" in column 5. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.						
<input type="checkbox"/> The following other fees are incurred by the accompanying papers. <ul style="list-style-type: none"> <li><input type="checkbox"/> Other: _____</li> </ul>						
<input checked="" type="checkbox"/> Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$1,020.00. A duplicate copy of this petition is attached.						
<input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore.						
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees, which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.						
Please Send Future Correspondence To:						
U.S. Patent Operations/RBW Dept. 4300, M/S 27-4-A AMGEN INC. One Amgen Center Drive Thousand Oaks, California 91320-1799, USA				Robert B. Winter Attorney/Agent for Applicant(s) Registration No.: 34,458 Phone: (805) 447-2425 Date: April 1, 2005		

06/02/2005 6DUCKETT 00000002 010519 09728420

01 FC:1253

1020.00.00

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Date of Deposit:

April 1, 2005

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 39 C.F.R. 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22304-1450.

Joyce Vogel

Printed Name

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